

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Matt Riehl						Registration Number, if PAC						
Full Name of Candidate Matt Riehl												
Street Address 2080 Maple Road						Office Sought City Council			District Stow Ward 1			
City Stow						State OH		Zip Code 44224				
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year		
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			1	M	1	0	D	7
							1		7	1	V	7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(11) for details.

1. Amount brought forward from last report	\$	\$23,789.54
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,200.00
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$26,989.54
5. Total monetary expenditures (From Form No. 31-U)	\$	\$72.46
6. Balance on hand (line 4 minus line 5)	\$	\$26,917.08
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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SUMMIT COUNTY
BOARD OF ELECTIONS

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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Matt Riehl - Treasurer

12/14/2017

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 4

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Matt Riehl							
Full Name of Contributor Joseph Bastolla						Registration Number, if PAC	
Street Address 4599 Shaw Road Ext.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State OH	Zip Code 44333	M 1	D 0	Y 17	Amount \$200.00
Full Name of Contributor Robert G. Risman						Registration Number, if PAC	
Street Address 4832 Richmond Road, Suite 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cleveland		State OH	Zip Code 44128	M 1	D 0	Y 17	Amount \$250.00
Full Name of Contributor Randolph Risman						Registration Number, if PAC	
Street Address 4832 Richmond Road, Suite 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cleveland		State OH	Zip Code 44128	M 1	D 0	Y 17	Amount \$250.00
Full Name of Contributor Stuart Graines						Registration Number, if PAC	
Street Address 4645 Richmond Road, Suite 101			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cleveland		State OH	Zip Code 44128	M 1	D 0	Y 17	Amount \$250.00
Full Name of Contributor Sophie Albrecht						Registration Number, if PAC	
Street Address 208 Overwood Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron		State OH	Zip Code 44313	M 1	D 0	Y 17	Amount \$250.00
Full Name of Contributor Robert R. Risman						Registration Number, if PAC	
Street Address 24500 Chagrin Blvd., Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Beachwood		State OH	Zip Code 44122	M 1	D 0	Y 17	Amount \$200.00
Full Name of Contributor Frank J. LaRose						Registration Number, if PAC	
Street Address 6745 Southpointe Parkway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Brecksville		State OH	Zip Code 44141	M 1	D 0	Y 17	Amount \$250.00
Full Name of Contributor Roger Riachi						Registration Number, if PAC	
Street Address 19600 Idlewood Trail			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Strongsville		State OH	Zip Code 44149	M 1	D 0	Y 17	Amount \$250.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

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Name of Committee in Full Friends of Matt Riehl						
Full Name of Contributor Philip Maynard					Registration Number, if PAC	
Street Address 1484 Camden Ridge Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44312	M 1	D 0	Y 2	Amount \$50.00
Full Name of Contributor Anthony Szambecki					Registration Number, if PAC	
Street Address 3747 Fishcreek Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Stow	State OH	Zip Code 44224	M 1	D 1	Y 0	Amount \$250.00
Full Name of Contributor Anthony Petrarca					Registration Number, if PAC	
Street Address 1765 Merriman Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Akron	State OH	Zip Code 44313	M 1	D 1	Y 2	Amount \$1,000.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Matt Riehl							
To Whom Paid Matt Riehl				M	D	Y	Amount \$72.46
Address 2080 Maple Road				Purpose Reimbursement: Stamps, Envelopes, Thank you cards			
City Stow		State OH	Zip Code 44224	Check Number 2006			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			